Name in Full: Charles F. Brown.

11

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mutual; County: Calvert

Date of death: Month: Sept; Day: 11th; 1904

Age: Years: 30; Months: —; Days: —

Sex: Male

Color or Race: Col

Birthplace: Virginia

Occupation: Lab

Where Residing if not at place of death: Maryland

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Archer Brown

Father's Birthplace: Virginia

Mother's Maiden Name: Harriet Dangerfield

Mother's Birthplace: Va

Name of person giving information: L. T. Mateer

How related to deceased: Bro. in law

L. T. Brooks.

CAUSES OF DEATH

Primary: Typhoid Fever

How long: 9 weeks

Immediate: Intestinal Hemorrhage

How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R Brown

Address: Mutual Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: Lucy Chase

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Huntingtown — County: Calvert

Date of death 1904: Month: Sept — Day: 17 — Age: Years: 10 — Months: 4 — Days:

Sex: Female — Color or Race: Black — Birthplace: Cal. Co.

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name: Margaret Chase — Mother's Birthplace: Cal. Co.

Name of person giving information: George Chase — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 4 months

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. W. Pirtle

Address: Huntingtown Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Olion Point — County: Calvert — State: MARYLAND

Date of death: Month: Sept — Day: 19 — 1904

Age: Years: — Months: — Days: 11

Sex: Female — Color or Race: White — Birthplace: Olion Point

Occupation: — — —

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~

~~Name of Wife or Husband~~

Father's Name: Joseph Dixon — Father's Birthplace: Huntingtown

Mother's Maiden Name: Hester Cox — Mother's Birthplace: Millows

Name of person giving information: Joseph Dixon — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Heart Failure — How long: 11 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm H. Hutchins

Address: Nr Harmony

Accident or Suicide? — Undertaker Calvert Co Md

LIBRARY BUREAU A838 14

Name in Full: Virginia Elliott

14

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Island Camp — County: Calvert

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age	Months	Days
1904	Sept	30	14	6	4

Sex	Color or Race	Birthplace
Female	White	Calvert Co

Occupation

Where Residing if not at place of death

~~Married~~; Single or Widowed

~~Name of Wife or Husband~~

Father's Name: Wm B. Elliott — Father's Birthplace: Dorchester Co Md

Mother's Maiden Name: Mary E Hooper — Mother's Birthplace: St Mary's Co.

Name of person giving information: Wm B. Elliott — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 6 weeks

Immediate: Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P Bryson

Address: Mutual Md

Accident or Suicide?

8

LIBRARY BUREAU A88316

Name in Full: Samuel Gorman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Huntingtown — County: Calvert

Date of death 1904: Month: Sept — Day: 30

Age: Years: — Months: 1 — Days: 2

Sex: male — Color or Race: Black — Birthplace: Cal. Co.

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: David Gorman — Father's Birthplace: Cal. Co.

Mother's Maiden Name: Sarah Freeman — Mother's Birthplace: " "

Name of person giving information: David Gorman — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastro Intestinal Catarrh — How long: 2 wks.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. W. Tuttle

Address: Huntingtown

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Mrs. Mary Ann Jones Hardesty

13

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Republic — County: Calvert

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190	Month: Sept	Day: 26	Age — Years	Months	Days
Sex: Female	Color or Race: White		Birthplace: Port Republic		
Occupation		Where Residing if not at place of death: Port Republic Md			
Married, Single or Widowed: —		Name of Wife or Husband: —			
Father's Name: Geo W. Hardesty			Father's Birthplace: Calvert Co Md		
Mother's Maiden Name: Caroline Wood			Mother's Birthplace: Calvert Co Md		
Name of person giving Information: Conrad Hardesty			How related to deceased: Husband		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Blood Poison — How long: 8 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. D. Dare

Address: Mutual Md

Accident or Suicide?

LIBRARY BUREAU A66516

Enroll Bonn 44

Ann Anderson 444

9 — dwD

St Louis —

Sept 26th - 1904

Port Byron Sept 27 1904

Dear Friend —

Enclosed find Ten cents —

2 8

2 9

Name in Full: Leida Jacks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lower Marlboro — County: Calvert

Date of death 1904 — Month: Sept. — Day: 20 — Age — Years: 14 — Months: 1 — Days: 4

Sex: Female — Color or Race: African — Birthplace: Calvert Co.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Benson Jacks — Father's Birthplace: Calvert Co

Mother's Maiden Name: Laura J. Hicks (dead) — Mother's Birthplace: " "

Name of person giving Information: Benson Jacks — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 3 years

Immediate: General Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E H Hunnaer

Address: Lo. Marlboro, Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A66618

Name in Full: Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lusby; County: Calvert

Date of death: Month: Sept; Day: 24; Age: Years / Months / Days

Sex: Male; Color or Race: Colored; Birthplace: Calvert Co

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: William A Johnson; Father's Birthplace: Calvert Co

Mother's Maiden Name: Stella Mason; Mother's Birthplace: Calvert Co

Name of person giving information: William A. Johnson; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrhage from Mother; How long: —

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. T. Chambers M.D.

Address: Lusby, Calvert Co., Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66316

Name in Full: Child not Named

CERTIFICATE OF DEATH

MARYLAND

Died at or Near Town: Halls Creek County: Calvert

Date of death 1904 Month: September Day: 4th Age: Years — Months: 3 Days:

Sex: Female Color or Race: Negro Birthplace: Halls Creek

Occupation: None Where Residing if not at place of death: " "

Married, Single or Widowed: S Name of Wife or Husband: None

Father's Name: Clorance Levi Father's Birthplace: Smithville

Mother's Maiden Name: Alice Coats Mother's Birthplace: Halls Creek

Name of person giving Information: Charles Coats How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long:

Immediate: Chills & Fevers How long: 3 or 4 Weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: None in attendance

Address: ~~Grand Father~~ Smithville Cal Co

Accident or Suicide? Neither

Wm H Ward Undertaker

LIBRARY BUREAU A88618

Name in Full: Mary A Parker

12

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Huntsville; County: Calvert

Date of death: Month: sept; Day: 11th; 1904

Age: Years: 32; Months; Days

Sex: Female

Color or Race: col

Birthplace: Calvert co.

Occupation: House keeper

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband: Jessie Parker

Father's Name: Benjamin Lake.

Father's Birthplace: Calvert Co.

Mother's Maiden Name: Eliza Brown

Mother's Birthplace: Calvert Co.

Name of person giving information: Jessie Parker

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

J. D. Brooks

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Supervenes

How long: 18 hrs

Immediate: Pneumonia

How long: 1 Year.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Brooks

Address: Huntsville

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Martha E. Pickrall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lo. Marlboro, County: Calvert

Date of death: Month: Sept. Day: 26 1904

Age: Years: 65 Months: 8 Days: 26

Sex: Female Color or Race: White Birthplace: A. A. Co.

Occupation: Wharf Agent Where Residing if not at place of death: —

Married, Single or Widowed: Widow Name of Wife or Husband: James Pickrall (Dead)

Father's Name: William Moreland Father's Birthplace: Calvert Co.

Mother's Maiden Name: Barbara Ely Mother's Birthplace: " "

Name of person giving Information: Fannie E. Pickrall How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Intestinal Catarrh How long: 10 weeks

Immediate: Exhaustion How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. H. Hinman

Address: Lo. Marlboro, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Helena Jingstrom.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Solomons — County: Calvert.

Date of death 1904 — Month: Sept — Day: 18 — Age — Years: — Months: 1 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Solomons, Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Earl M. Jingstrom — Father's Birthplace: Solomons, Md

Mother's Maiden Name: Jennie Marks — Mother's Birthplace: Kittaning Pa

Name of person giving Information: Earl M. Jingstrom — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital debility — How long: 1½ mos.

Immediate: Diarrhoea — How long: 15 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. S. Marsh,

Address: Solomons, Md.

Accident or Suicide? —

105

LIBRARY BUREAU A88316